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PTO/SB/82 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Lim, Loong-Tak et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	H-600-0-US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:							
A Power of Attorney or Authorization of Agent is submitted herewith.							
OR							
Please change the	e correspondence address for the abov	e-identi	fied applicatio	n to:			
Customer I				Place C	Bar Code		
OR							
Firm or Individual Name	Richard P. Bauer, Esq. Reg. No. 31	,588					
Address	Katten Muchin Zavis						
Address 1025 Thomas Jefferson Street NW, East Lobby, Suite 700							
City	Machington						
Country	IISA State DC 7IP 20007-5201						
Telephone	(202) 625-3507	Fax	(202) 339-8	266			
l am the:							
Applicant/Inventor.							
Assignee of reco	ord of the entire interest. See 37 CFR 3.	.71.					
Statement under	37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96	5)				
	SIGNATURE of Applicant or Assign	nee of R	ecord				
Name Sandra Hackenberg c/o Husky Injection Molding Systems Ltd.							
Signature ####################################							
Date August 27,2001							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
	ns are submitted.						

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PTO/SB/01 (10-00)

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	Attorney Docket Numbe	H-600-0-US			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Lim, Loong-Tak et al.			
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
Declaration Submitted OR Declaration Submitted after Initial	Filing Date				
	Group Art Unit				
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

								
As a below named inventor, I he	As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Method and Device for Testing Aldehyde in Polyester Polymer								
	(7	Title of the Invention)						
the specification of which								
is attached hereto								
OR	r	as United St	tates Application N	Number or PCT International				
was filed on (MM/DD/YYYY)				(if applicable).				
Application Number	and was a	amended on (MM/DD/YY	YY)	(ii applicable).				
I hereby state that I have reviewed amended by any amendment specific			ntified specification	n, including the claims, as				
I acknowledge the duty to disclose in-part applications, material infor PCT international filing date of the	nation which became a	vailable between the filin	s defined in 37 CF ng date of the prior	R 1.56, including for continuation- r application and the national or				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached							
			0000					
Additional foreign application i	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date	e (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet				
		i	F (U/30)	02B attached hereto.				

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	led for this unsigned inventor	
Given Name Family Name or Surname Family Name							
Inventor's Signature	3) - Lew						
Residence: City Brampton			State ON	_T	Canada Country	Canada Citizenship	
Mailing Address 1403-8 Lisa Street							
Mailing Address							
City Brampton	State Onta	ırio		ZIP I	L6T 4S6	Country Canada	
NAME OF SECOND INVENTOR:	:			A petiti	on has been fil	led for this unsigned inventor	
Given Name Michael E. (first and middle [if any])				Family N	N1700129	s	
Inventor's Signature	L.					July 19, 2001	
Residence: City Beeton			State ON		Canada Country	Canada Citizenship	
Mailing Address 54 Julia Drive							
Mailing Address		·					
City Beeton	State Onta	rio		ZIP LOC	G 1A0	Country Canada	
Additional inventors are being named	on the 1	suppleme	ntal Additic	nal Inven	tor(s) sheet(s) PT(

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Na	me or S	Surname	
Harold			God	win			
Inventor's Signature	vu	<u> </u>				July 18th, 2001	
Residence: City	Stat	on te		Canada Country		Canada Citizenship	
Mailing Address 29 Larry Street							
Mailing Address							
City Caledon East	Sta	te ON		ZIP LON 1E0	Count	Canada ry	
Name of Additional Joint Inventor, if a	ny:			A petition has been file	d for th	is unsigned inventor	
Given Name (first and middle [if any	<u>(]) </u>		Family Name or Surname				
Inventor's Signature Date							
Residence: City State			Country Citizenship				
Mailing Address							
Mailing Address							
City	Sta	ato.		ZIP	Cou	intry	
		ite			1 000	intry	
Name of Additional Joint Inventor, if a	ny:			A petition has been filed	for this	unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date	
Residence: City	e: City State			Country Citizenship			
Mailing Address							
Mailing Address				-	_,_		
City	State	9		ZIP	Co	ountry	

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